



November 24, 2020

Web Announcement 2361

Prior Authorization Requirements for Outpatient Facility Services for Recipients Ages Five and Below Updated in Medicaid Services Manual Chapter 1000 - Dental

Effective with the April 1, 2020, update of Medicaid Services Manual (MSM) Chapter 1000 - Dental, prior authorization (PA) is required for recipients ages five and below for outpatient surgery facility services.

Providers must submit a completed ADA Dental form when a recipient requires dental procedures in the outpatient surgery facility setting. The ADA Dental form should include all requested dental code procedures accompanied with a letter of medical necessity. The letter of medical necessity will need to clearly identify as to why the procedure(s) could not be completed in the office setting. In the letter of medical necessity please include the National Provider Identifier (NPI) along with the name of the outpatient facility. Please remember that prior authorization is still required for recipients ages 21 and older.

The rendering dental provider must submit all PA requests through the Provider Web Portal. Please ensure that all medical documentation attachments (ADA form, chart notes and letter of medical necessity) are included with the request. Additionally, please submit PA requests 1-2 weeks before the recipient's appointment.

Please access the following links for resources regarding PA requests and claims submission:

- https://www.medicaid.nv.gov/Downloads/provider/Dental_PA_Instructions.pdf
- <https://www.medicaid.nv.gov/providers/training/training.aspx>